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Application Number	10/098,604
Filing Date	03-16-2002
First Named Inventor	SEul
Art Unit	2851
Examiner Name	KIM
Attorney Docket Number	PARSE

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 36038

Please change the correspondence address for the above-identified application to:

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OR

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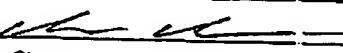
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I am the:

Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
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Name	Chiu Chau		
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Date	12/20/2006	Telephone	908 226 8200 ext 208
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

<input type="checkbox"/> *Total of _____ forms are submitted.

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